

Application for Replacement EMT Pocket card

Date: \_\_\_\_\_

Complete Name: \_\_\_\_\_  
*Print Clearly or Type*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

SC EMT Certification Number: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

|   |
|---|
| <p><b>A COPY OF ONE OF THE FOLLOWING MUST BE ATTACHED BELOW</b></p> <p><i>A copy of your driver's lisence</i></p> <p><i>A copy of some form of government issued photo ID</i></p> |
| <p><b>Place Picture ID Here !</b></p>   |

I hereby request a duplicate copy of my EMT certification pocket card..

\_\_\_\_\_  
*Signature (Required)*

\_\_\_\_\_  
*Date of Signature*

Mail request to:

**SC DHEC EMS, Attn: Rosalind Davis**  
**2600 Bull Street**  
**Columbia, SC 29201**